

Kenneth A. Wexler
Jennifer F. Connolly
The Wexler Firm LLP
One North LaSalle Street, Suite 2000
Chicago, IL 60602
Telephone: (312) 346-2222
Facsimile: (312) 346-0022

Samuel D. Heins
Alan I. Gilbert
Susan E. MacMenamin
Heins, Mills & Olson, P.C.
3550 IDS Center
80 South Eighth Street
Minneapolis, MN 55402
Telephone: (612) 338-4605
Facsimile: (612) 338-4692
**CO-LEAD COUNSEL FOR
PLAINTIFFS**

CERTIFICATE OF SERVICE

I hereby certify that I, Steve W. Berman, an attorney, caused a true and correct copy of the foregoing, **PLAINTIFFS' MOTION FOR LEAVE TO JOIN PIPEFITTERS LOCAL 537 TRUST FUNDS AS A PLAINTIFF AND PROPOSED CLASS REPRESENTATIVE** to be delivered to all counsel of record by electronic service pursuant to Paragraph 11 of the Case Management Order No. 2, by sending on November 29, 2005, a copy to LexisNexis File & Serve for Posting and notification to all parties

By _____ /s/ Steve W. Berman
Steve W. Berman
HAGENS BERMAN SOBOL SHAPIRO LLP
1301 Fifth Avenue, Suite 2900
Seattle, WA 98101
(206) 623-7292

EXHIBIT 35

Chemocare.com

Care During Chemotherapy and Beyond
presented by Scott Hamilton

print 

Chemotherapy Drugs

Adriamycin (t)

Adriamycin®

Generic name: Doxorubicin

Other brand name: Rubex®

Chemocare.com uses generic names in all descriptions of drugs. Adriamycin is a trade name for Doxorubicin. Rubex is another name for Doxorubicin. In some cases, health care professionals may use the trade names Adriamycin or Rubex when referring to the generic drug name Doxorubicin.

Drug type: Adriamycin is an anti-cancer ("antineoplastic" or "cytotoxic") chemotherapy drug. This medication is classified as an anthracycline antibiotic. (For more detail, see "How this drug works" section below).

What Adriamycin is used for:

- Cancers treated with adriamycin include: bladder, breast, head and neck, leukemia (some types), liver, lung, lymphoma, mesothelioma, multiple myeloma, neuroblastoma, ovary, pancreas, prostate, sarcomas, stomach, testis (germ cell tumors).
- Note: If adriamycin has been approved for one use, physicians sometimes elect to use adriamycin for other problems. This might be helpful.

How Adriamycin is given:

- Adriamycin is given through a vein by intravenous injection (IV). The syringe needle is placed directly into the vein. The drug is given over several minutes. Adriamycin can also be given by continuous infusion. Rarely, adriamycin is given into an artery. There is no pill form of adriamycin.
- Adriamycin is a vesicant. A vesicant is a chemical that causes extensive tissue damage and blistering if it escapes from the vein. The nurse or doctor who gives adriamycin must be carefully trained. If you notice redness or swelling at the IV site after the infusion is finished, alert your health care professional immediately.
- The amount of adriamycin you will receive depends on many factors, including your height and weight, your general health, your medical history, and the type of cancer you have. Your doctor will determine your exact dosage and schedule of treatment.

Side effects of Adriamycin:

Important things to remember about the side effects of adriamycin:

- You will not get all of the side effects mentioned below.
- Side effects are often predictable in terms of their onset, duration, and severity.
- Side effects are almost always reversible and will go away after therapy is complete.
- Side effects are quite manageable. There are many options to minimize or prevent them.

The following side effects are common (occurring in greater than 30%) for patients taking adriamycin:

Early: (within one week after treatment begins)

- Pain along the site where the medication was given
- Nausea or vomiting

Later: (within two weeks after treatment begins)

- Low blood counts. Your white and red blood cells and platelets may temporarily decrease. This can put you at risk for infection, anemia and/or bleeding.

Nadir: Meaning low point, nadir is the point in time between chemotherapy cycles in which you experience low blood counts.

Onset: 7 days

Nadir: 10-14 days

Recovery: 21-28 days

Mouth sores

- Hair loss on the scalp or elsewhere on the body (called alopecia). Most patients do lose some or all of their hair. But your hair will grow back after treatment is completed.

The following side effects are less common (occurring in 10-29%) for patients taking adriamycin:

Early: (within one week after treatment begins)

- Eyes watering
- Urine may appear red, red-brown, orange or pink from the color of the medication for one to two days after you take it.

ater: (within two weeks after treatment begins)

- Darkening of the nail beds.
- Darkening of the skin where previous radiation treatment has been given.
- Problems with fertility - ability to bear children. (occurs in about 10% of both men and women - this should be discussed prior to therapy).

A *serious but uncommon side effect* of adriamycin can be interference with the pumping action of the heart. You can receive a certain amount of adriamycin during your lifetime. This "lifetime maximum dose" may be lower if you have heart disease, previous chest radiation to the chest, advancing age, and use of other heart-toxic drugs. Your doctor will check your heart function before giving adriamycin and will monitor your heart closely during your treatment. Dose-related heart problems can occur even after treatments have ended.

Delayed effects:

There is a slight risk of developing a blood cancer such as leukemia years after taking adriamycin. Talk to your doctor.

This list includes common and less common and important side effects for those taking adriamycin. Side effects that occur in less than 10 percent of patients - are not listed here. But you should always inform your health care provider of any unusual symptoms.

When to contact your doctor or health care provider:

Contact your health care provider **immediately**, day or night, if you should experience any of the following:

- Fever of 100.5° F (38° C), chills (possible signs of infection)
- Blistering at the IV site
- Shortness of breath, wheezing, difficulty breathing, closing up of the throat, swelling of facial features, hives (possible allergic reaction)

The following symptoms require medical attention, but are not emergency situations. Contact your health care provider within 24 hours of noticing any of the following:

- Mouth sores (painful redness, swelling or ulcers)
- Nausea (interferes with ability to eat and unrelieved with prescribed medication)
- Vomiting (vomiting more than 4-5 times in a 24 hour period)
- Diarrhea (4-6 episodes in a 24-hour period)
- Fast or irregular heart beats
- Unusual bleeding or bruising
- Black or tarry stools, or blood in your stools or urine
- Extreme fatigue (unable to carry on self-care activities)
- Swelling of the feet or ankles

Precautions:

- Before starting adriamycin treatment, make sure you tell your doctor about any other medications you are taking (over-the-counter, vitamins, or herbal remedies). Do not take aspirin or products containing aspirin unless your doctor prescribes it.
- Do not receive any kind of vaccination without your doctor's approval while taking adriamycin.
- For both men and women: Use contraceptives, and do not conceive a child (get pregnant) while taking adriamycin. Contraception, such as condoms, are recommended. Discuss with your doctor when you may safely become pregnant.
- Do not breast feed while taking this medication.
- People with congestive heart failure, those who have already had high doses of this drug or a similar drug, and those with problems with blood counts (bone marrow suppression) cannot receive this drug.

Self care tips:

- Apply ice if you have any pain, redness or swelling at the IV site, and notify your doctor.
- You may be at risk of infection so try to avoid crowds or people with colds, and report fever or any other signs of illness to your health care provider.
- Wash your hands often.
- To reduce nausea, take anti-nausea medications as prescribed by your doctor, and eat small, frequent meals.
- To help treat/prevent mouth sores, use a soft toothbrush, and rinse three times a day with 1 teaspoon of baking soda in 8 ounces of water.
- Use an electric razor and a soft toothbrush to minimize bleeding.
- Avoid contact sports or activities that could cause injury.
- Avoid sun exposure. Wear SPF 15 (or higher) sunblock and protective clothing.
- Drink two to three quarts of fluid every 24 hours, unless you are instructed otherwise.
- Get plenty of rest.
- Maintain good nutrition.
- In general, drinking alcoholic beverages should be minimized or avoided. You should discuss this with your doctor.
- If you experience symptoms or side effects, be sure to discuss them with your health care team. They can provide other suggestions that are effective in managing such problems.

Monitoring and Testing:

A baseline heart evaluation is recommended before starting treatment. A full blood count will be done regularly, and other tests will be done as your doctor prescribes. Various tests to monitor the function of other organs (such as your kidneys) will be ordered by your physician.

How Adriamycin works:

Cancerous tumors are characterized by cell division, which is no longer controlled as it is in normal tissue. "Normal" cells stop dividing when they come into contact with like cells, a mechanism known as contact inhibition. Cancerous cells lose this ability to self-control and no longer have the normal checks and balances in place that control and limit cell division. The process of cell division in cancerous cells, is through the cell cycle. The cell cycle goes from the resting phase, through active growing phases (S and M) and division.

The ability of chemotherapy to kill cancer cells depends on its ability to halt cell division. Usually, the drugs work by damaging the DNA that tells the cell how to copy itself in division. If the cells are unable to divide, they die. The faster the cells divide, the more likely it is that chemotherapy will kill the cells, causing the tumor to shrink. They also induce cell suicide (self-destruction).

Chemotherapy drugs that affect cells only when they are dividing are called cell-cycle specific. Chemotherapy drugs that affect cells when they are at rest are called cell-cycle non-specific. The scheduling of chemotherapy is set based on the type of cell that divides, and the time at which a given drug is likely to be effective. This is why chemotherapy is typically given in cycles.

Unfortunately, chemotherapy does not know the difference between the cancerous cells and the normal cells. Chemotherapy kills all cells that are rapidly dividing. The "normal" cells will grow back and be healthy but in the meantime, side effects of chemotherapy are most commonly affected by chemotherapy are the blood cells, the cells in the mouth, stomach and bowel, and the hair. Side effects include low blood counts, mouth sores, nausea, diarrhea, and/or hair loss. Different drugs may affect different parts of the cell cycle.

Adriamycin is classified as an antitumor antibiotic. Antitumor antibiotics are made from natural products produced by a fungus Streptomyces. These drugs act during multiple phases of the cell cycle and are considered cell-cycle specific types of antitumor antibiotics:

- **Anthracyclines:** Doxorubicin, Daunomycin, Mitoxantrone, and Idarubicin
- **Chromomycins:** Dactinomycin and Plicamycin
- **Miscellaneous:** Mitomycin and Bleomycin

Note: We strongly encourage you to talk with your health care professional about your specific medical condition and treatment options. The information contained in this website is meant to be helpful and educational, but is not a substitute for medical advice.



ChemoCare.com is a program of the Scott Hamilton CARES initiative.

Chemo Care is your source for chemotherapy, chemo side effects and chemotherapy drug information.
Copyright © 2005 by The Cleveland Clinic Foundation. All Rights Reserved. Content provided by Cleveland Clinic Cancer Center.

[Disclaimer](#) | [Notice of Privacy Practices](#) | [References](#) | [Sponsor](#) | [Contributors](#) | [Site Map](#)

EXHIBIT 36



DAVIS POLK & WARDWELL

1300 I STREET, N.W.
WASHINGTON, D.C. 20005

1800 EL CAMINO REAL
MENLO PARK, CA 94025

99 GRESHAM STREET
LONDON EC2V 7NG

15, AVENUE MATIGNON
75008 PARIS

450 LEXINGTON AVENUE
NEW YORK, N.Y. 10017

212 450 4000
FAX 212 450 3800

WRITER'S DIRECT
212 450 4803

MESSETURM
60308 FRANKFURT AM MAIN

MARQUÉS DE LA ENSENADA, 2
28004 MADRID

1-6-1 ROPPONGI
MINATO-KU, TOKYO 106-8033

3A CHATER ROAD
HONG KONG

November 10, 2005

**Re: In re Pharmaceutical Industry Average Wholesale Price Litigation
(MDL No. 1456), George Thomson Deposition and Document
Production Deficiencies**

Via E-mail and Electronic Service

TerriAnne Benedetto, Esq.
Kline & Specter
1525 Locust Street, Nineteenth Floor
Philadelphia, Pennsylvania 19102

Dear Ms. Benedetto:

I am writing to acknowledge receipt of your November 9, 2005 letter informing us that George Thomson will not be able to appear for his deposition on November 14 due to health problems. Please keep us updated on Mr. Thomson's health and his ability to continue as a class representative in this litigation.

In addition, as referenced in Scott Wise's letter to Steve Berman on November 7, 2005, I am writing to address various deficiencies in plaintiffs' document production for Mr. Thomson.

First, although Mr. Thomson is proposed as a Class 3 representative for AstraZeneca "who is privately insured through Wellcare," see Third Amended Master Consolidated Complaint ¶53, plaintiffs have provided no documentation whatsoever regarding this insurance coverage. Such documentation is necessary to establish the terms and conditions of Mr. Thomson's insurance coverage, and specifically whether Mr. Thomson made payments for Zoladex® based on AWP pursuant to this coverage. Instead, plaintiffs merely assert that "[b]ecause this private payor is *believed* to have reimbursed prescription medications based on AWP, it is *believed* that all payments made by Mr. Thomson were also based on AWP." See October 26, 2005 Letter from Steve W. Berman to D. Scott Wise at 11 (emphasis added).

TerriAnne Benedetto, Esq.

2

November 10, 2005

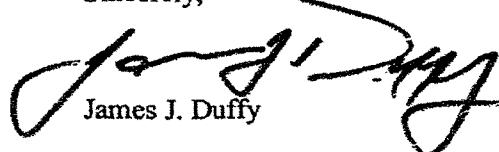
In addition, the records produced for Mr. Thomson do not include any proof of payment (e.g., cancelled checks or bank statements) for the Zoladex® injections ostensibly prescribed and administered to Mr. Thomson. None of the records demonstrate that Mr. Thomson ever made any payments for Zoladex®, and that such payments were based on AWP. At best, the documents produced indicate that Mr. Thomson made several \$20.00 and \$30.00 co-payments in 2002-2003, *see THOMSON 0001-0002*, but these records do not indicate what services or medications these co-payments covered.

Finally, in Steve Berman's October 26 letter, plaintiffs advise that you "are working with Mr. Thomson regarding the production of additional proof of payment documentation, which will be produced as soon as it is made available to us." *See id.* at 11. To date, we have received only one additional page, THOMSON 0008, which again is a billing record that does not indicate whether Mr. Thomson actually made any payments for Zoladex®, and whether such payments were based on AWP.

To reiterate what defendants have explained elsewhere, *see, e.g.*, November 7, 2005 Letter from D. Scott Wise to Steve W. Berman, to comply with Judge Saris' August 16 Order plaintiffs must produce documentation demonstrating not only that charges were incurred and paid by Mr. Thomson, but that those charges were based on AWP. Defendants are entitled to all necessary documentation to verify the proposed representatives' adequacy, including, at a minimum: copies of Mr. Thomson's insurance policies; proof of payment by Mr. Thomson for Zoladex®; and copies of agreements between Mr. Thomson's insurer and any applicable providers.

We ask that plaintiffs rectify the deficiencies in this document production in advance of the deposition of Mr. Thomson so that it will not be necessary to continue the deposition on a subsequent date, causing an inconvenience to all parties involved.

Sincerely,



James J. Duffy

cc: All counsel of record via File & Serve

EXHIBIT 37

FILED UNDER SEAL